

the re establishment of the blood-circulation in the transplanted piece are less favorable.

4. The piece intended for transplantation, as well as the wound-surface, must not be exposed to the action of strong disinfectants; the transplantation should be conducted as aseptically as possible.

5. The transplanted piece ought, if possible, to cover the whole wound-surface completely, as the uncovered portion forms a scar.

6. The transplanted piece must be protected from dessication.— Author's abstract of his prize essay, *Centrbl. f. Med. Wissc.*, 1890, Nos. 35 and 36.

II. Plastic Operations. By Prof. JAS. BRANDT (Klausenburg). In the historical introductory remarks he mentions two personal observations of the rapid reunion of almost completely severed noses (bitten off), and one of the reunion of half a terminal finger phalanx that was brought to him in the patient's pocket.

Some experiments on the swim membrane of frogs, the mesentery and ear of rabbits, are briefly given to show that tension or pressure greatly interfere with the nutrition of unsevered parts, and may induce gangrene. The like is often shown by unsuccessful operative efforts. Hence to secure a rapid reunion of tissues one of the first and most important conditions is that after the wound-edges are brought together the tension in the tissue-districts involved shall not be immoderate.

The main interest of the paper rests on two cases, one of vesico-vaginal fistula, the other of cicatricial closure of the jaw (anchylos-toma).

I. The anterior vaginal and corresponding vesical wall from the neck of the bladder upward over the anterior vaginal arch to the posterior arch, including the portio vaginalis, was absent. Through this defect the vesical mucous membrane, the size of a hen's egg, came down as far as the introitus. The stump of the portio was turned toward the bladder, and not visible, and the posterior cul-de-sac only appeared separated from the prolapsed bladder-membrane by a somewhat ulcerated shallow furrow. The lateral borders of the fistula

space are scarcely $\frac{1}{2}$ cm thick, thinly cicatricial, and adherent to the pelvic arch. The only feasible method of closure seemed to be by turning the upper portion of vagina and mouth of the uterus into the bladder. Treatment preparatory thereto was carried on from January 14 (1888) to March 27. This consisted in downward and lateral stretching of the cervix-stump and posterior vaginal wall (by means of Muzeux's forceps), and of the lateral border of the fistula (with the fingers) two or three times a week. This course was so painful that narcosis was often necessary. However, the borders are so far freed that they could be joined across without any tension.

The real operation was divided into two sittings. In the first the right portion of the defect was covered by uniting transversely the upper thick border containing the cervical stump with the lower vesical border. This now sufficed to prevent prolapsus of the bladder, and the patient withdrew for her summer field work.

The second portion of the operation, January 1, 1889, consisted in vertical closure of the remaining defect. Catgut used for both. A fine fistulous opening in the line of the first operation was closed by the use of caustics.

II. Student, æt. 19 years. Shot through the right lower jaw, with loss of various lower and upper teeth, and rupture of right angle of mouth. This left a hard cicatrix through all the soft parts from the right ala nasi through the angle of the mouth to the inferior border of the lower maxilla, and attached to both upper and lower alveolar processes. A fistula at the lower portion leads to dead bone. Only the tip of the tongue can be put out between the teeth. Speech good, except the consonant "t;" eating seriously interfered with. A pseudarthrosis at the point of injury of the lower jaw, exceedingly limited, however, in function by the enveloping cicatrix; excision of scar tissue; readjustment by local flaps that he explains by diagrams. Inasmuch as a raw alveolar surface skins over readily, if only the opposed surface be protected by normal epithelium, he took one flap of mucous membrane from the inner alveolar surface, as far as the lateral border of the tongue, and transferred it for a lining to part of the buccal wall.

Result good; the pseudarthrosis is still limited — *Deut. Zeitschr. f. Chirg.*, 1890, Bd. 30, Hft. 4 and 5.

WILLIAM BROWNING (Brooklyn).

III. On the Use of Sterilized Sponge in Wounds with Abundant Secretions. By Dr. ANTONIO RICCI (Stia, Italy). A lady, while standing at a window, was suddenly enveloped in flames by her clothing igniting from a brazier at her feet. A large burn of both sides of the body, extending from the lumbar to the popliteal region, resulted. The writer was called in at the time of the accident, dressed her wounds, but did not, however, see her again until suppuration had well commenced, when he found the patient somewhat emaciated, alternating nervous excitement and depression with delirium, and a temperature of 40.2° C. (104.5°F.) A profuse diarrhoea also increased the gravity of her condition. Tonics and stimulants were given to combat the impending adynamia, and a light diet ordered.

The surface of the extensive burn was covered with slices of sponge, sterilized in boiling water and soaked in an antiseptic solution. This covering was renewed twice daily. On removing the sponges the surface of the wound was found free from any secretion, and of a beautiful reddish color. The presence of this dressing produced not the slightest irritation, while, on the contrary, as soon as the sponges were removed, her sufferings were quite severe. Before renewing the dressings the precaution was always taken to submit them to a prolonged spraying by means of Richardson's apparatus. After about six days of this treatment the wound commenced to close over, the number of sponges was reduced, until finally the process of reparation had so far progressed that a powder of iodoform and quinine could be applied. Little by little the large wound closed in its margins, the general health of the patient in the meantime improving, until a complete recovery was attained. The writer also mentions a second case, which he had before treated successfully by this method.—*Lo Sperimentale*, 1890, 9, p. 253.

IV. Relation of Malaria to Surgical Operations. By Dr. MORALEZ PEREZ (Barcelona, Spain). The writer, after an investiga-